

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107049229**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
	2				
	3				
1	4	1			
	5				
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1	16	1			
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	99				
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12	↓	3	↓		↓
14	↓	17	↓		↓
36		30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53	1					
54	1					
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS